



City of Helena

Dog Complaint Report

Date: _____
Time: _____

Complainant Information

Name: _____ Telephone: (_____) _____ - _____
Address: _____

Complaint

Is this a dog bite case? Yes No

Dog/Dog Owner Information

Description of Dog (please include size and color): _____

Location of Dog: _____

Type of location (please check one): Residence Business Roadway/Neighborhood
 Other: _____

Owner of Dog (If known): _____

Owner's Address (If known): _____

Complainant's Signature: X _____

Do Not Write Below this Line – City Use Only Below

Officer's Report: _____

Investigating Officer's Signature: X _____

For bite case, has rabies control been notified? Yes No Date: _____ Time: _____

Citation Issued Incident/Offense Report Filed 10 Day Quarantine Ordered

City Animal Control Officer's Report: _____
